

Application or Docket Number
101707319

Substitute for Form PTO-875

(Column 1)	(Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160))

APPLICATION AS AMENDED - PART II

AMENDMENT A

SMALL ENTITY

OF

AMENDMENT B

RATE (\$)	ADDITIONAL FEE (\$)
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OR

* If the entry in column 1 is less than the amount shown in column 2, enter "0".
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 * If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.